

REQUEST FOR MOCAS ACTION/INFORMATION					DATE
TO		FROM	OFFICE SYMBOL	NAME	TELEPHONE
CONTRACT NUMBER				CONTRACTOR	
I. CONTRACT ADMINISTRATION REPORT (CAR)					
<p>a. <input type="checkbox"/> Move contract to Section _____ Reason: _____</p> <p>b. <input type="checkbox"/> NLA problem. Explain: _____</p> <p>c. <input type="checkbox"/> Need Final Pay NLA. Reason for excess funds: _____</p> <p>d. <input type="checkbox"/> Reopen. Reason: _____</p>					
II. RECONCILIATION					
<p>e. <input type="checkbox"/> Identify fund balances of \$ _____ as appears on _____ / _____ (Month) CAR.</p> <p>f. <input type="checkbox"/> Comptroller advice of error/problem on Obligated/Unobligated Balance of CAR. Specify: _____</p> <p>_____</p> <p>Action taken: _____</p>					
III. CONTRACT DATA INPUT					
<p>g. <input type="checkbox"/> Correct Final Delivery Data (FDD) to _____ / _____ / _____</p> <p>h. <input type="checkbox"/> Add/delete Special Provision Contract Code(s) Request needed provision records be updated. _____</p> <p>i. <input type="checkbox"/> The following R9 Code(s) have been added/deleted Request needed provision records be updated. _____</p> <p>j. <input type="checkbox"/> Correct contract line item/schedule data in accordance with attached marked-up abstract/screen print.</p> <p>k. <input type="checkbox"/> Add/correct Facility Code to _____</p> <p>l. <input type="checkbox"/> Change Inspection/Acceptance Code to _____</p>					
IV. MATERIAL INSPECTION AND RECEIVING REPORT (DD FORM 250)					
<p>m. <input type="checkbox"/> Correction required. Specify: _____</p> <p>n. <input type="checkbox"/> Request Final Ship Indicator be removed.</p>					
V. ATTACHED COPY OF CONTRACT MOD FOR INITIAL INPUT					
ADDITIONAL COMMENTS					
AUTHORIZED SIGNATURE					